

NORTH



NORTHERN REGIONAL MEDICAL COMMAND

VOLUME FOUR | AUTUMN 2011

BEST WARRIOR

The story behind one
Soldier's quest to become
MEDCOM's best

FROM THE BATTLEFIELD TO THE PLAYING FIELD

Wounded Warriors compete at the
second annual Warrior Games

RANGER TAKES REINS

Carvalho assumes
command of NRMC

SUICIDE AWARENESS

during designated month
and all year long

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ON THE COVER: Spc. Dusty Edwards leads his team in the Army Warrior Tasks Lane event during 2011 MEDCOM Best Warrior competition. Photo: Gail Cureton

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NORTH

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A MESSAGE FROM NRMCM LEADERSHIP



It is my great pleasure to welcome you to the Autumn 2011 edition of NORTH. This magazine is dedicated to telling the story of Army Medicine as practiced in the vast Northern Regional Medical Command (NRMCM), stretching from Maine to North Carolina and from the Atlantic seaboard west to Wisconsin.

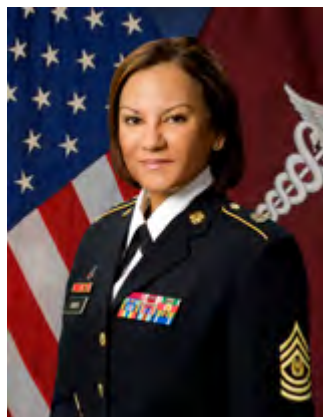
This is my first issue of NORTH as the region's commanding general, and I am heartened to see so many stories of our dedicated doctors, nurses, medics and staff providing world class healthcare to our beneficiaries.

In this issue there is an excellent article on the career and accomplishments of my predecessor, Maj. Gen. (Ret.) Carla Hawley-Bowland, who did so much to make this organization what it is today.

Also in this issue, you will find stories on closing of Walter Reed Army Medical Center, the new emergency room and improvements to the medical evaluation board process at Ireland Army Community Hospital, and NRMCM medics competing in MEDCOM's Best Warrior competition for the right to battle for the Army title.

Finally, NRMCM Warriors in Transition tell their personal stories while competing in the second annual Warrior Games at the Olympic Training Center in Colorado, Springs, Colo.

Please enjoy this issue of NORTH. All these stories speak to our commitment to providing personalized and compassionate healthcare, supporting the Warfighter and their Family, and building superb health care professionals to take Army Medicine forward.



Brig. Gen. Joseph Carvalho, Jr.
Commanding General
Northern Regional Medical Command

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ARMY SUICIDE PREVENTION PROGRAM

Shoulder to Shoulder

FINDING STRENGTH and HOPE TOGETHER



Prevent Army Suicide

Ask ★ Care ★ Escort

Talk to your Chain of Command, Supervisor, Chaplain, or Behavioral Health Professional or call the National Suicide Prevention Lifeline 1-800-273-TALK (8255), press 1 for the Veterans Crisis Line

www.suicidepreventionlifeline.org www.militaryonesource.com

www.preventsuicide.army.mil

RANGER TAKES REINS

Story and photo: Sharon Renee Taylor

"I pledge my solemn word that I will do absolutely everything within my power to lead adeptly the fine men and women of the Northern Regional Medical Command and to accomplish the missions assigned to it," promised Brig. Gen. Joseph Carvalho, Jr., as he assumed command of NRMCM July 29 during a ceremony at the former campus of Walter Reed Army Medical Center.

He told warriors, past and present, along with their families that he will assure NRMCM personnel are well prepared to deliver top quality health care at home and abroad. Carvalho also shared his personal goal at the ceremony — to develop leaders at all levels, "to take Army Medicine forward well into the future."

The new commanding general said he couldn't be more proud of the portion of his mission and responsibility that involves meeting and interacting with Warriors in Transition assigned to NRMCM with duty at the new Walter Reed National Military Medical Center Bethesda, Md., and Fort Belvoir Community Hospital (Va.), as well as wounded warriors throughout the region.

"We are blessed to have this fluid transition of leadership and command," Schoomaker said.

Carvalho received the NRMCM reins from Maj. Gen. Carla Hawley-Bowland, who retired the same day after serving as commanding general of NRMCM and Walter Reed Army Medical Center for more than three-and-a-half years.

Carvalho thanked Hawley-Bowland for her broad ranging leadership of Army Medicine and service as his mentor over the years.

Lt. Gen. Eric B. Schoomaker, Army surgeon general and commanding general of the U.S. Army Medical Command, explained



Brig. Gen. Joseph Carvalho, Jr. holds the colors of his new command after receiving them from Army Surgeon General and Commanding General Army Medical Command Lt. Gen. Eric B. Schoomaker.

to the assembly gathered in the historic Rose Garden of Walter Reed, that the single ceremony was designed to witness two events: a change of the NRMCM between two of the most distinguished leaders in Army Medicine today, the outgoing commanding general and Brig. Gen. Joseph Carvalho, as well as to celebrate the retirement of Hawley-Bowland.

Schoomaker described Hawley-Bowland as an Army Medicine icon, a woman who embodies Army Medicine, a distinguished leader, a compassionate clinician, and a dedicated educator.

"We are blessed to have this fluid transition of leadership and command," Schoomaker said.

The surgeon general welcomed Carvalho and his family, and told the new commanding general he trusted him implicitly.

"I expect nothing less than the professionalism and dedication that we all have witnessed throughout your command in the southern region," Schoomaker said.

Prior to taking command at NRMCM, Carvalho led the Southern Regional Medical Command/Brooke Army Medical Center in Fort Sam Houston, Texas. Clinically, he served as a staff internist, nuclear medicine physician and cardiologist. The new NRMCM commanding general earned Special Forces and Ranger tabs, as well as the Expert Field Medical Badge.

THE ARMY MEDICAL HOME INITIATIVE

ARE WE READY TO BE PATIENT CENTERED?

Col. George Patrin, MD, FACHE



Col. George Patrin, MD, FACHE
NRMC Special Project Officer for PCMH

It's past time for a culture change in patient health care delivery. The Patient Centered Medical Home (PCMH) concept has caught on...again. What does this mean? It means the 'customer,' or the patient, is 'always right.' It's time to return to a System of Health-care where the Provider Team does what they can to keep the patients under their care healthy by enlisting the help of the entire community. The country doctor knew everyone living there and colleagues in neighboring towns who

could help when patients required evaluations or treatments beyond their local abilities. With transportation limited, and townsfolk needing to keep the farm tended, care was accomplished by bringing needed services to the home, rather than making the patient go to the 'big city,' whenever possible. The country doctor and their office staff coordinated and managed all care by utilizing all assets on hand, and that included the family, in applying the treatments required, ensuring compliance with the care plan. The medical system of old got the job done at the least expense to the patient and community making best use of available medical resources and current information.

With today's resources in telemedicine and technology, we have lots more to offer, but we've become a system that requires the sick patient to find their way to multiple visits in many locations navigating bureaucratic barriers to get there. It's expensive and centered on the business office payment system and provider schedules with limited availability, rather than the patient's needs. Yes, it is time to transform back to a System for Health, one based on population health and wellness.

The Army Medical Department (AMEDD) has developed a methodology to determine readiness to implement patient-centered medical care processes by "calling it what it is," highlighting resources required to stand up patient-centered and family-focused healthcare processes with provider teams set up for success in each of our medical facilities. Each Primary Care Clinic Practice, made up of three to five Provider Teams, are evaluated on whether they have the minimum levels of resources required to provide timely and consistent patient-centered care, ensuring realistic enrollment levels, personnel, space, medical technology, and training (see Table 1. Readiness Indicators to Implement Patient-Centered Healthcare).

The transformation is being led by subject matter experts in each of the required indicator areas providing guidance required to generate a seamless and uniform healthcare experi-

ence for Service Members and their Families. Resource gaps are highlighted and a timeline for correction determined. The Medical Command at each level will ensure the required minimum assets are on the ground before Transformation Training to Army Medical Homes (AMH) at each site is implemented over the next three years, with an expected completion date of September 2013 for most clinics in the Northern Region. The National Committee for Quality Assurance (NCQA) will evaluate our practices for true patient-centeredness once the required processes and procedures are in place. Some are going to be ready for the review before the end of 2011, some will need until 2015 to make the needed renovations and facility changes to be fully patient-centered. We are about half way there today, with an average PCMH Readiness Score of 5.5-6.5 out of a max of 11.0, indicating all clinics have begun patient-centered processes and are positioning themselves for a successful transformation.

This is a monumental culture change for the Department of Defense (DoD) and the Army. We are transforming from sick call to a healthcare system determined to address all healthcare needs at every opportunity, rather than episodic/acute care we are used to today. Transforming to an AMH will ultimately involve every medical department in the hospital and clinic as we bring needed services to the patient at their primary care visit(s) whenever possible, with an emphasis on prevention. Patients will realize a decreased need to seek urgent care treatment via the Emergency Room and will be hospitalized less as we perform more preventive care by use of phone calls and protected email 'visits' with their healthcare provider teams. Health care in the primary care office will provide continuity with one Provider Team, with every employee operating at "the top of their skill set" doing as much for the patient as possible at every visit, thereby reducing the cost of healthcare overall.

Specialists traditionally located in other areas of the clinic, such as Behavioral Health, Pharmacy, and Nutrition, will be integrated into the Primary Care visit on a same day basis whenever possible. Patients will see these "Primary Care Specialties" at the time their expertise is needed, reducing the need for referrals at a later time, producing more timely preventive healthcare outcomes. Tele-medicine will be implemented in smaller clinics that do not require full-time specialists.

Patients will lead development of a comprehensive care plan shared by all team members outlining how all will work together to assist the patient in staying healthy, requiring less office visits over time. The best Command teams will invite a patient representative to participate in overseeing implementation of the new processes and procedures to ensure they are truly patient-centered and family-focused. To be sure, patients, employees, and employer/commanders alike will need to learn new ways to access the Healthcare Team, realizing the way we've accessed healthcare over the past 40 years is far too costly and is not producing the outcomes we desire. It's an exciting time to become healthy in the new Army Medical Home System for Health!

IRELAND ARMY COMMUNITY HOSPITAL

opens new emergency room

Story and photos: Kristen Marquez



From left Fort Knox, Ky. leadership include: Col. Ronald J. Place, former USA MEDDAC commander; Command Sgt. Maj. Leon L. Archer, USA MEDDAC and IRACH Command Sergeant Major; Command Sgt. Maj. Israel Talamantez, command sergeant major, U.S. Army Accessions Command; and Lt. Gen. Benjamin C. Freakley, commanding general, U.S. Army Accessions Command.

Ireland Army Community Hospital, Fort Knox, Ky., ushered in a new era of emergency care with a ribbon-cutting ceremony for its new emergency room May 31, 2011. Staff began seeing patients in the new facility June 2.

The ribbon cutting date was significant in that it honored the birthday of the hospital's namesake, Maj. Gen. Merritte Ireland, a former Army surgeon general. Dr. Ireland was born May 31, 1867, and retired on the same day 64 years later.

The expanded emergency room gives the hospital staff a larger facility in which to work, as well as a model, which promotes better work flow. Patients can expect increased comfort and privacy during their time spent in the ER due to the improved space and design.

The completed project cost \$5.3 million, which included construction of an Emergency Medical Services Building that houses two ambulances and an EMS operations center directly outside the ER doors.

Since opening its doors in early June, the ER has seen more than 5,300 patients.

"We are proud of the facilities in our emergency department," said Sgt. 1st Class Gary Thompson, noncommissioned officer-in-charge of the IRACH emergency department. "When a patient presents to our staff with an emergency, they should feel as comfortable as possible during what can be a scary time. The improvements in our facility are intended to help them feel as good as possible about an emergency room visit, and our staff works hard to ensure they have a quality visit with us."



The new ER includes a centrally located glass-enclosed work station that allows medical staff to observe patients and cardiac monitors.



Exterior view of the Ireland Army Medical Center Emergency Room.

IRELAND'S NEW ER INCLUDES:

- An expansion by six beds, now offering 18 beds, including two trauma beds, 10 monitored beds and six rapid-treatment beds
- A warrior transition unit reception room that provides a private area for Families during critical care treatment for Soldiers returning from theater
- Larger exam rooms and trauma bays
- An on-site radiology room, which will reduce the need for patients to go to another floor in another wing of the hospital to obtain X-rays
- Centrally located glass-enclosed work station that allows medical staff to observe patients and cardiac monitors, while reducing noise and keeping medical conversations private
- TVs in the treatment, exam, and waiting rooms
- A pediatric area in the waiting room with television and a play area for children

FOCUS ON SUICIDE AWARENESS AND PREVENTION DURING DESIGNATED MONTH AND ALL YEAR LONG

Each year, September marks Suicide Prevention and Awareness Month. Ask yourself this question: Who is responsible for suicide prevention? The answer should be a resounding We all are!

Throughout the Army there is a renewed emphasis on taking good care of ourselves and looking out for one another. That means seeking help when I need it. It also means knowing when another person needs help with something and getting that person to someone who can help.

What increases the risk of suicide? Here is a list of factors often seen associated with suicidal thoughts and attempts. Not everyone with these risk factors thinks of suicide. But some do.

- Suicide of a close Family member:
- History of Depression
- Loss of a close relationship
- Pending legal action
- Overwhelming financial debt
- Loss of rank, job, career
- Recent combat experience where people have died

What are the warning signs? People who are thinking about suicide usually exhibit signs. It is important to know what these are.

Suicidal talk:

- "I have nothing to live for."
- "Life isn't worth living."
- "People would be better off without me."
- "I don't see any future."
- Death is mentioned in notes or emails
- Giving away possessions
- Purchasing or accumulating items for suicide – gun, pills
- Getting final affairs in order
- Increase in alcohol use
- Change in behavior or demeanor
- Decline in work performance
- No interest in personal appearance
- No interest in pleasurable activities
- Choosing to isolate oneself
- Change in appetite and sleep patterns

What are the feelings associated with Suicide? Here are common feelings that are associated with suicide. Usually you can see these in a person's behavior or conversation.

- Hopelessness or helplessness
- Worthlessness
- Anger
- Guilt or shame
- Desperation
- Loneliness
- Sad or depressed mood

When a constellation of risk factors comes together with behaviors and feelings associated with suicide, it is a sign of strength to find someone to talk to who can help. When the only way out that we can see is suicide, it is time to go to someone who can help us find another way.

When we see a Fort Drum/10th Mountain Soldier or Family member, friend or our own family members showing signs consistent with suicide, there are things we can do to help. The Army has adopted the ACE approach – Ask, Care, Escort.

Ask. It is okay to ask someone if they are thinking about suicide. Here are some ways to do that.

- "Are you thinking about hurting yourself?"
- "Do you have thoughts of suicide?"

Care. If the person says they are having thoughts of suicide, you can demonstrate that you care. If you can, remove anything the person could use for suicide. By removing the means, you lower the risk. You can demonstrate that you care by encouraging the person to talk about their situation and listening, while keeping good eye contact. Talking also lowers the risk for the person.

Escort. Do not leave the person alone. Talk the person into accepting help from professionals. Then escort the person to a chaplain, a mental health professional, or the hospital. You cannot use force, but you can be as persuasive as possible.

This is a stressful time for Soldiers and their Families due to the extended separations in support of the ongoing war. Many Soldiers spend many months of the year away from home and Family. With the increased stress, it is important that we make a special effort to take good care of ourselves and one another.

Taking good care of one another means taking advantage of programs that reduce stress and build greater resilience. But no matter how many wonderful programs we have, there may come times when burdens are too great to carry alone. That is when we reach out to one another and to the professional in our community. *(Compiled from Uniformed Services University of the Health Sciences and USA MEDDAC-Fort Drum information)*

SOLDIER SAVES FRIEND FROM COMMITTING SUICIDE

Story: Stephanie Tatum

On the outside, Spc. Josh Brown looks and acts like an average 22-year-old paratrooper serving in the 82nd Airborne Division here.

Brown's dark hair is close-cropped against his skull, and he prides himself in the jump wings he'd earned. He also smiles often, revealing the sense of humor he'd often used to mask the growing, gnawing pain in his life.

Yet, no one knew what Brown, whose name is fictitious to protect his privacy, was feeling on the inside. Brown said that a multitude of things led him to want to kill himself. For the past six months, Brown said he was feeling unhappy with himself and the path his life was taking.

He suffered from family and financial issues, relationship problems, constant physical pain from a jump accident, insomnia and poor adjustment after arriving at a new duty station.

If that was not enough, Brown's 1980 Chevrolet Camaro -- his most-prized possession -- had been vandalized and the process to get it fixed through his insurance company was not going well.

When Brown quit calling and making plans to socialize with his close friend, Spc. Christy Sawyer, she'd thought nothing of it and figured he just wanted to spend more time with his other friends.

Sawyer, a medic in 2nd Battalion, 508th Parachute Infantry Regiment, 4th Brigade Combat Team, 82nd Airborne Division, had no idea until the morning of Aug. 7 that Brown, also a medic in the 82nd Division, had been withdrawing and for the past two weeks was planning to commit suicide.

Brown said his issues caused him to become overwhelmed and feel like his world was caving in on him.

The night he decided to end his life had started out like many previous nights, Brown said.

"I went to the club and started drinking," he recalled. "Part of my plan was to take the \$100 I had, and drink as much as I could and then go wreck my car to make it look like an accident."

After leaving the club and going to another bar, Brown ran into a friend who knew something was not right with him. After some time, she persuaded him to talk.

"I have things I need to do tonight and you're not going to stop me," Brown told the friend.

The friend then contacted Sawyer, a coworker and mutual friend, for help.

The eight missed phone calls and two text messages that night from Brown, and her conversation with their mutual friend told Sawyer that something was very wrong with Brown.

"I had just got back from block leave and had forgotten my phone in the barracks when I went to pick up some friends who were having car trouble," Sawyer said. "He actually left me a message telling me goodbye. I still have not listened to it. I can't do it."

After speaking with her friend, Sawyer drove to the bar to get Brown. When she arrived, Brown was sitting in his car, distraught and unreasonable. Sawyer said she reached in and took the keys out of his ignition. They talked for a long time. Brown continued to tell her he was sticking to his plan to end his life that evening.

Sawyer said she tried to talk Brown out of taking his life.

"I tried to explain to him that I can't live with that kind of guilt," she said. "I just kept telling him, 'It's not going to happen.' I was trying to wake him up."

At one point during the evening, Brown decided to run. He threw himself over the hood of the car, but his friends caught him before he got very far. After the chase and multiple failed attempts to get Brown to calm down and listen to reason, his friends decided to contact the unit chaplain.

The 4th Brigade Combat Team chaplain called Brown's unit, which then sent staff duty personnel to get him. Sawyer met the staff duty members at an elementary school parking lot in Fayetteville near here, where Brown once again tried to run away.

After being caught a second time, Brown was taken to the barracks and placed on a 24-hour, three-day suicide watch. He was referred to Womack Army Medical Center here for mental health evaluations.

Sawyer credits her concern for Brown for taking action to save him.

"I think mostly, for me, it was the fact that I care about him so much. He is like my baby brother," she said. "There was no way I was leaving him. I would not have let him go regardless. I was ready to do whatever it took."

Sawyer said she'd applied her suicide prevention training to save her friend.

"I see [suicide] a lot differently now," she said. "I think suicide training is something Soldiers need to have and it needs to be emphasized."

Yet, Brown had attended suicide prevention training at his unit just three days before he'd threatened to kill himself.

"I understood the point of it and I saw the briefing, but I guess I just did not want anyone to stop me," Brown said. "I was not looking for help."

Brown said his turning point came the next night when the adrenaline wore off and he realized he was still alive.

"Once I got some sleep and woke up the next day, I felt depressed and empty," Brown said. "Knowing I wasn't supposed to be here felt weird. For about two days afterwards, everything felt so unnatural. I honestly didn't expect to be where I was. It was like everything just hit restart."

Today, Brown is receiving treatment as he continues to serve in the 82nd Division. Brown is thankful, he said, for the help and support he's received from his fellow Soldiers, noncommissioned officers and officers in his unit.

Sawyer said she finds herself getting upset whenever she thinks about the night Brown wanted to take his life and worries about what could have happened if she hadn't been there.

"I want him and other people who are thinking about doing this to understand what you are doing to the people in your life -- your friends, your family and your spouses and your relationships," Sawyer said. "This devastates people. I am still so upset."
(Army.mil)

WHAT YOU CAN DO

WARNING SIGNS

- Thinking about suicide and making suicide plans are the most serious signs and require immediate assistance. These include:
- Talking about, threatening, or wanting to hurt/kill self
- Obtaining means to kill/hurt self (e.g., obtaining Firearm, pills)
- Conveying thoughts of death (e.g., such as "others being better off without me", "never wanting to wake up again")

OTHER WARNING SIGNS INCLUDE:

- Increase in alcohol or other substance use
- Hopelessness (e.g., does not see way the situation will change)
- Helplessness (e.g., feeling trapped, "there is no way out of this")
- Worthlessness (e.g., feeling that he/she is not valued, "no one would miss me")
- Withdrawal (e.g., from hobbies, family, friends, job)
- Irritability, anger

RISK FACTORS

Men are four times more likely than women to die from suicide. However, three times more women than men attempt suicide. In addition, suicide rates are high among young people and those over age 65.

Several factors can put a person at risk for attempting or committing suicide, but having these risk factors does not always mean that suicide will occur.

- Prior suicide attempt
- Family history of mental disorder
- Alcohol or other substance abuse
- Family history of suicide
- Family violence, including physical or sexual abuse
- Firearms in the home, the method used in more than half of suicides

ACTION STEPS

If you are experiencing any of these signs/symptoms, please seek help. If someone you know is experiencing these symptoms, please offer help. If you think someone is suicidal, do not leave him or her alone. Try to get the person to seek immediate help from his/her doctor, bring them to the nearest hospital emergency room, or call 911.

NATIONAL SUICIDE PREVENTION LIFELINE:
1-800-273-TALK (1-800-273-8255)

SUICIDE PREVENTION RESOURCE CENTER:
www.sprc.org

MILITARY ONESOURCE: 1-800-342-9647
www.militaryonesource.com

NRMC SOLDIER DIGS DEEP AGAINST MEDCOM'S BEST

Story and photos: Gail Cureton, Joshua L. Wick



Spc. Dusty Edwards takes down an opponent during the Army combatives competition.



MEDCOM Best Warrior competitor treats a head wound during MEDCOM's Best Warrior Competition at Fort Bragg, N.C. Photo: Joshua L. Wick

After winning Best Warrior competitions at every level, Spc. Dusty Edwards, from Walston Army Medical Support Element, Joint Base McGuire-Dix-Lakehurst, N.J., knew that the U.S. Army Medical Command (MEDCOM) competition would test everything he had learned.

What the Northern Regional Medical Command (NRMC) Soldier of the Year didn't know is that it would also test his character and serve as an inspiration for fellow Soldiers and the senior leaders at the competition.

TESTING THE BEST

Edwards, a medical laboratory specialist, and 19 other noncommissioned officers and Soldiers representing each of MEDCOM's regional medical commands and the Public Health Command arrived at Fort Bragg, N.C., for a week-long competition, June 11-17, testing them in a variety of areas ranging from the Army Physical Fitness test, written and oral exams testing their Army knowledge, weapons qualification, land navigation, and combatives.

"Everyone here is a winner, so we have all proven we have what it takes," the 25-year-old said. "Now it's about who wants it more, who can go beyond any previous limits, who can rise above all the obstacles and the challenges."

During the first two full days of competition, Edwards breezed through his physical fitness test, running one of the fastest times during the two-mile run, maintained his focus despite being exhausted during the written exams, and sent enough rounds downrange to qualify with the M-4 rifle.

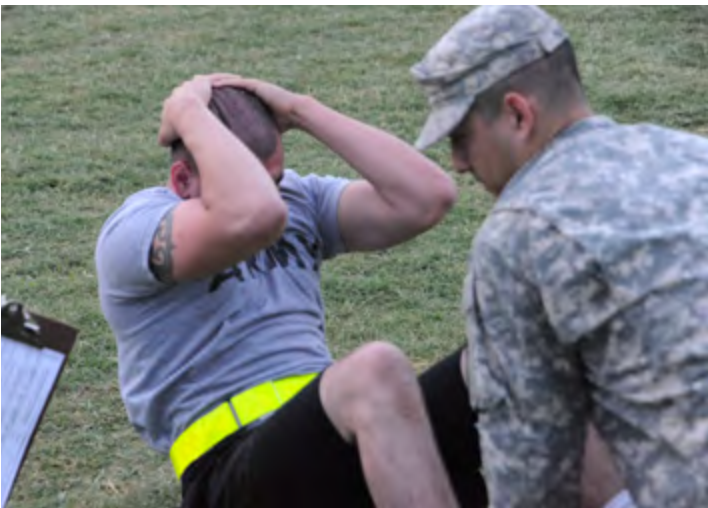
Two days into the competition, the physical and mental effects of doing so much in so little time were starting to take their toll—confidence in all was replaced by uncertainty in some.



Spc. Dusty Edwards evacuates a “casualty” from mock combat zone.



Staff Sgt. Sean McPeak inspects Edwards’ uniform as he prepares for the oral boards.



Edwards pumps out sit-ups during the Army Physical Fitness test.



Edwards reacts to enemy fire.

Two days into the competition, one Soldier—Edwards—demonstrated the measure of his character.

FORGING AHEAD

Robert Edwards died suddenly leaving behind six children, one of whom was 3,000 miles away competing in the biggest event of his young military career.

Staff Sgt. Sean McPeak received the phone call from Edwards’ wife. McPeak immediately notified the chain of command back at Joint Base McGuire-Dix-Lakehurst, N.J., and the chain of command at the Best Warrior competition. “It was the last thing you want to have to tell one of your Soldiers about a death in the family,” he said. After taking some personal time to talk with the chaplains, Edwards went to McPeak, his competition sponsor and first line supervisor, for some advice.

“I told him that he is already a winner and that if he decides to return home, no one will see him as a quitter. Life happens and family is important,” McPeak said. “I suggested that he finish up the competition today, talk to his wife and then decide. Later

that night, he knocked on my door and said ‘I want to be here. I don’t want to look back on what could have been.’

“This really speaks to his character, to who he is as a Soldier and as a man,” McPeak added. “I personally don’t know how I would have reacted, but it shows a lot about how he can look past his own feelings to focus on the bigger picture.”

The bigger picture was finishing what he came to do—give his best against MEDCOM’s best.

SHOOT, MOVE, COMMUNICATE

This is one of the hardest things I have done,” a soaking wet and exhausted Edwards said after completing the Army Warrior Tasks (AWT) lane event. “I’m pretty exhausted and glad it’s over but I realize that this is the type of thing I will be asked to do in combat.”

The Army Warrior Task lanes is a series of obstacles designed to test a Soldier’s ability to react to a wide range of combat situations from reacting to enemy ambush, carrying a litter with a casualty over barriers and through streams, clearing a building,

reacting to improvised explosive devices during an unmounted patrol, and protecting themselves and casualties during a chemical attack. The objective is to get through the course as quickly as possible without becoming a casualty and using appropriate warrior skills and combat lifesaver training.

Under the watchful eyes of noncommissioned officer cadre, Edwards, carrying full combat load, led his team through, around, under and over obstacles for what may have seemed like forever but in reality was less than two hours. Every decision, every order, every action was his alone and each carried the burden of his life, those of his battle buddies and the wounded he was required to get to safety or treat along the way.

At preselected areas, Edwards had to stop and provide a spot report to the satisfaction of one of the clipboard-carrying sergeants.

Trying to catch his breath while reciting grid coordinates, Edwards misspoke, realized his mistake and corrected his error. The staff sergeant marked "GO" on her checklist.

Thirty minutes later, he raced up a hill dragging a wounded Soldier on an improvised stretcher.

"Time," one of the cadre shouted. Edwards' intense face softened and he allowed himself a moment to smile.

TIME TO RELAX

The hike back to the Medical Simulation Training Center (MSTC) parking lot was less than a mile. "It seems a lot longer when you are going through the course," Edwards said. He cleaned his weapon, replaced the stale hot water in his Camelbak hydration pack with fresh warm water, ate an MRE lunch, and waited for the next phase of the competition.

The sun was higher and temperature hotter than when he hit the AWT lanes earlier in the day. Shortly after finishing the NCO AWT lane, NRMCM's NCO of the Year, Sgt. Kevin Faust, from Andrews Rader Army Health Clinic, Joint Base Myer-Henderson Hall, Va. made his way over to the comfort of the pine tree shaded area adjacent to the MSTC parking lot.

Faust and Edwards compared notes, warned several times by NCO cadre to not talk to others about the AWT lanes they have yet to endure. They laughed, ate, and freshened up with baby wipes.

"Combat showers," Edwards said. "Too bad I can't do much about my ACUs right now," noting that his uniform was wet and muddy and Faust's was relatively dry. Faust's lane didn't include as much muddy water as the one Edwards maneuvered.

"I guess rank does have its privileges, huh,?" Faust said laughing.



Edwards stands tall as he is measured during the height and weight portion of the AMEDD Best Warrior competition.

HOT TIMES

The heat was unmerciful when NRMCM's candidates were ordered to one of the mystery events sprinkled throughout the competition.

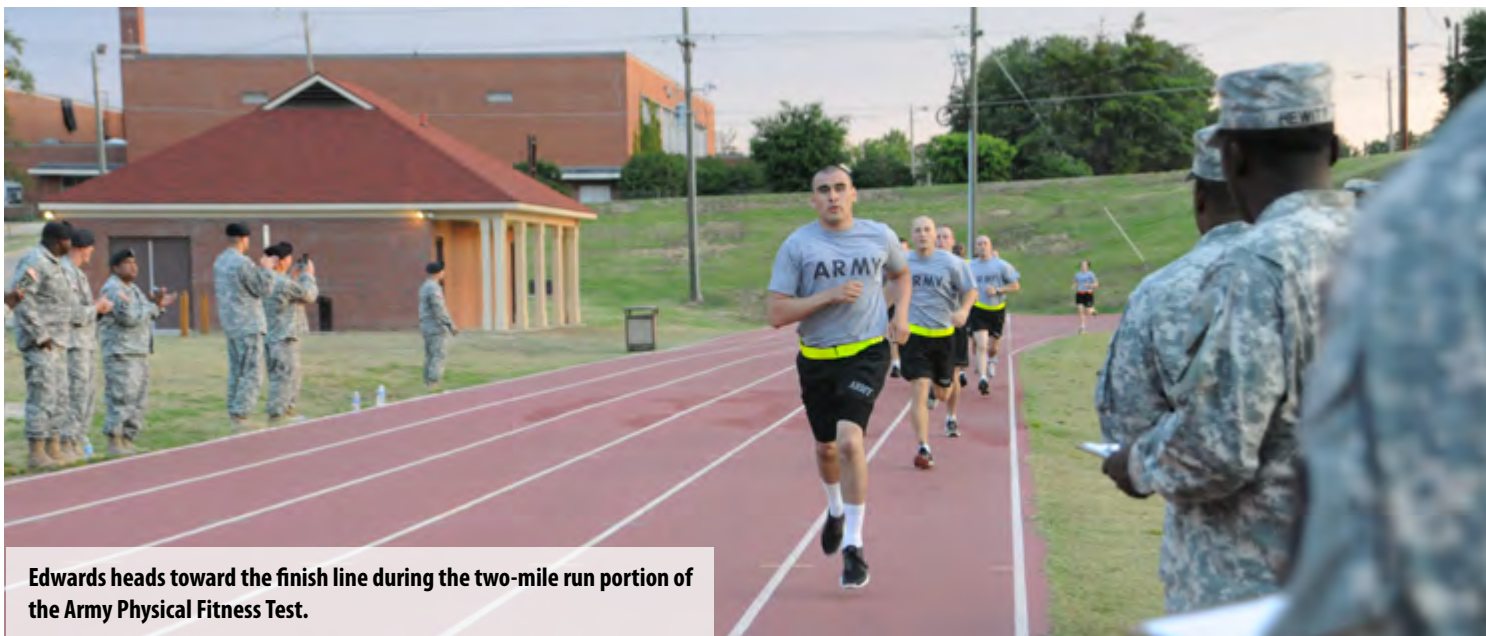
Moving to the mystery event meant waiting in a sweltering tent. Soldiers, especially tired ones, have been known to sleep anywhere and within minutes both candidates took advantage of the lapse in activity to get some rest.

"I could stay here all day, it feels good to sleep," Edwards said of the rock covered ground.

The rest would not last. First, Faust entered the adjacent tent filled with combat weapons. A half hour later, it was Edwards' turn. Under the observant eyes of three NCOs--Edwards had to disassemble, assemble and perform a functions check on each weapon. He stumbled a little on the first weapon. After 30 minutes into the event, sweat poured down his face as he moved to the final weapon--the M-4 rifle--one he had easily qualified with earlier.



Edwards takes aim during the AMEDD Best Warrior Competition.



Edwards heads toward the finish line during the two-mile run portion of the Army Physical Fitness Test.

"I was most confident with the M-4, so I decided to do that one last." Unfortunately, familiarity and stress don't always work well together.

Staff Sgt. Clinton Lochabay, one of the volunteer cadre, yelled out the time elapsed, while Sgt. John Elkins, event NCO, listened as Edwards recited the functions check.

Edwards struggled to get the handgrips off. After minutes of taking the weapon apart and putting it back together—he forgot how to perform a functions check on the M-4.

"Are you sure?," Sgt. Elkins asked.

"That's wrong. Try it again," Elkins urged.

Again, Edwards recited the functions check wrong.

"You are a no-go buddy but you really did well," said Elkins. "A couple of these weapons are not the ones some medics may see or use much. So learning new information in a short time frame along with all the other stuff they are going through is not easy," Elkins added.

COOL, CALM AND COLLECTED

The Engagement Skills Trainer (EST) was the next challenge in a very long day. But for Soldiers who had spent the better part of five hours enduring the heat, the EST was a welcomed change of pace.

"It's air conditioned," Edwards said relieved.

The EST is a simulator that provides marksmanship training and trains soldiers on virtually all aspects of firearms training from calibrating weapons, to weapons qualification, to collective fire scenarios in numerous environments.

"I didn't want to lay down in the EST too long. I might have fallen asleep," Edwards joked.

He defended his post by quickly firing off rounds hitting the computerized enemy.

The third full-day of competition was over. Edwards was one day closer to reuniting with his family.

COMPETING FOR HIS FAMILY

"When my dad died I really didn't know what to do, what to think," Edwards said. "I wanted to be there (back in California) for my family but in the end I knew they had each other. I had my Army family to support me here."

Edwards said that his father would have wanted him to continue what he started, something that he has worked hard to prepare for.

"It's kind of strange that I am even here and in the Army," Edwards said. "This (the military) is not something I or my family saw for myself. Coming out of high school, I did not consider a military career as something to aspire to."

Edwards set his sights on higher education at Chico State University, Chico, Ca., where he majored in education. Three years and thousands of dollars later, Edwards had a change of heart and of direction.

"I just wasn't sure that I really wanted to teach, so I was looking for something that I could be passionate about."

He said he saw a recruiting poster, believed in the message and, more importantly, in the mission. In July 2009, Edwards enlisted as a medical laboratory specialist when his first choice pharmacy specialist wasn't available.

"The Army is a great career, and I love what I do in the Army," he said.

FINAL BATTLES

Dressed in a sharply-creased Army Service Uniform, Edwards stood nervously in the conference center lobby waiting his turn to appear before the oral board on the final day of competition. Uniforms were checked and double-checked. A tiny piece of a plastic tag—the kind stores affix to new clothing—was delicately removed from his jacket by Sgt. 1st Class Shawn Copeland, a combat medic from USA MEDDAC Fort Stewart, Ga.

Then it was Edwards' turn. He rushed up the stairs and moved quickly to the first door on the right and prepared to knock when Sgt. 1st Class Paige Ivey, from Womack Medical Center, Fort Bragg, N.C., reminded him that an eager group of senior noncommissioned officers were waiting for him in a room behind the first door on the left.

Oral boards are considered by many Soldiers to be one of the toughest parts of a Best Warrior competition because they often come after days of exhausting physical activity.

"It was tough," Edwards said after he came down the stairs to let McPeak know how he did. "I think I missed a question but I did the best I could."

Later that afternoon, he lasted through three rounds in the Army combatives to win the Soldier competition.

After nearly a week of competition, Soldiers reported to the conference center ballroom decorated in their honor. Command Sgt. Maj. Frances Rivera, NRMCM command sergeant major, briefed the candidates on how to march in, what order they would take in reading their acknowledgements, and where they would sit.

Nineteen of the 20 men and women selected as the best Army medicine has to offer made it all the way to the final day—a non-competition day.

As the names were called, remarks made, one person was missing. It was Edwards. He was home with his other family to say goodbye to the father in whose memory he soldiered on all the way to being named MEDCOM's 2011 Best Warrior Soldier of the Year.



Click here to watch the Best Warrior video!

AMEDD BEST WARRIOR COMPETITION

Two Northern Regional Medical Command Soldiers —Sgt. Kevin Faust, from Andrew Rader U.S. Army Health Clinic, at Joint Base Myer-Henderson Hall, Va., and Spc. Dusty Edwards, from Joint Base McGuire-Dix-Lakehurst, N.J. — competed in the 2011 U.S. Army Medical Command Best Warrior Competition at Fort Bragg, N.C. from June 10 to 16.

The top Soldiers and noncommissioned officers from across the Army Medical Department went head-to-head during the week-long competition. Candidates were tested through a series of events graded and evaluated by AMEDD cadre. For several months prior to the MEDCOM competition, the competitors placed and qualified at the local and regional levels, allowing them to advance to compete and represent the AMEDD at the Army level.

At the conclusion of the competition, MEDCOM announced that Staff Sgt. Ilker Irmak, an optical laboratory specialist assigned to Fort Leonard Wood, Mo., representing Western Regional Medical Command, and NRMCM's own Spc. Dusty Edwards, a medical laboratory specialist assigned to Walston Army Medical Support Element, clinched the top two spots and will advance and represent MEDCOM. They will face-off against the top NCOs and Soldiers from 12 other major commands from across the Army to see who will be named the U.S. Army's Best Warrior.

While at Fort Bragg, 10 NCOs and 10 Soldiers were tested on a variety of events ranging from the Army Physical Fitness Test; several exams testing their Army knowledge, soldiering skills and warrior tasks; rifle qualification; day- and night-land navigation, weapons assembly, disassembly and functions tests, oral boards; an essay; combatives and several mystery events scattered throughout the competition.

"It was a monstrous lane, I'm not even going lie, it's the best lane I have ever done for AWT" [Army Warrior Tasks] said Faust, after completing the AWT portion held at the Medical Simulation Training Center area on the Fort Bragg installation.

NRMCM's Command Sgt. Maj. Frances Rivera said she was very pleased with the selection of Fort Bragg to host this year's competition. The facilities were cutting edge and the training was geared to what we do — fight wars and support our war fighters, she said.

The NCO and Soldier of the Year received an Army Commendation Medal, \$1,000 savings bond, various coins, gift certificates, tactical equipment and a commemorative M-4 rifle.

The Warriors represented at the U.S. Army competition compete on behalf of the: U.S. Army Medical Command, U.S. Army Forces Command, U.S. Army Training and Doctrine Command, U.S. Army Europe, U.S. Army Materiel Command, U.S. Army Forces Korea, U.S. Army Pacific Command, U.S. Army Space and Missile Defense Command, U.S. Army Special Operations Command, U.S. Army Reserve Command, U.S. Army National Guard, and the National Capital Region, which includes several smaller commands.

The Soldier and Noncommissioned Officer of the Year will receive prestigious honors and cash awards in recognition of their achievements and represent the Army at special events throughout their 2011-2012 reigns.

NEW MEDICAL EVALUATION BOARDS PROCESS

PROVIDING SEAMLESS TRANSITION FOR VETERANS

Story: Kristen Marquez

Servicemembers referred for medical evaluation boards at Fort Knox, Ky. through a new Disability Evaluation System that integrates the processes of the departments of Defense and Veterans Affairs.

The Integrated Disability Evaluation System (IDES) provides a more seamless transition to veteran disability benefits with fewer hurdles, faster results, and more consistent ratings between Defense and Veterans Affairs than the previous system.

"We are excited by IDES and the changes coming to Fort Knox," said Col. Cornelius Maher, commander of the U.S. Army Medical Department Activity Fort Knox and Ireland Army Community Hospital. "We continually strive to provide the highest-quality care for our Soldiers and beneficiaries, and that includes our warriors who may be transitioning from active duty. We understand this transition may not always be easy, and so we are focused on improvements in all facets of care."

The Fort Knox IDES will include an 18,000-square foot on-post location with a Veteran's Health Administration (VHA) on-site manager, two VHA medical services assistants, five VHA general medical providers, three mental health providers, and one VHA licensed practical nurse. There will also be 14 DoD physical evaluation board liaison officers, seven MEB providers, and three Veteran's Benefits Administration medical service coordinators.

This location will serve all branches of active duty, Army Reserve, and National Guard in a six-state area including Kentucky, Wisconsin, Michigan, Illinois, Indiana, and Ohio. General medical evaluations will be provided, as well as mental health, dental, audiology, optometry, and sleep studies.

"As a nation at war, we are judged by other nations based on the actions of our warriors," said Dave Davis, director of the Veteran's Administration Louisville Regional Office. "As an agency, VA is judged by how we take care of these same warriors when they return to us as veterans. This is a sacred commitment, from which we will not falter. IDES is a joint DoD-VA process improvement, which will allow us to deliver on that commitment to these warriors who are our future veterans."

Wayne Pfeffer, the Robley Rex VA Medical Center director, agreed that it's an honor to serve military members.

"It is our privilege to support our men and women in uniform as they near completion of their dedicated service to this country, and we look forward to continuing our support through the VA

health care system," Mr. Pfeffer said. "This unification between VA and DoD truly demonstrates VA and DoD's coordinated commitment to care for those who have so honorably served our nation."

Under the previous system, servicemembers completed the military Disability Evaluation System in an average of 10 months. This included a set of medical examinations by military physicians, a series of boards to determine if the member was still able to serve, and if not, assignment of a disability rating used by the Defense Department to calculate disability compensation. Service members could not begin to apply for disability compensation and benefits from Veterans Affairs until after receiving a discharge date from their service.

It was then up to the veteran to complete an application to VA and provide all required documentation. If any documents were missing, it was the veteran's responsibility to locate them. Then, the veteran had to complete another set of medical exams in accordance with standards set by Veterans Affairs and wait for a panel at Veterans Affairs to provide another disability rating, this one used to calculate veterans disability compensation and benefits. This second process took on average another eight months during which benefits were gapped.

Under the new IDES, there is only one set of medical exams, performed to the standards of VA, which provides all the information needed by both departments. A panel at VA issues disability ratings that meet the needs of both departments. The integrated process still takes just over eight months, but now when the service member is finished with the military process, a disability claim is already filed with VA so veteran disability compensation and benefit can arrive after one month in veteran status. That is the earliest allowable under current law.

In designing the IDES, the two departments examined the recommendations of several commissions and task forces established to improve the delivery of benefits to wounded, ill, and injured service members and veterans. The resulting integrated system was first introduced as a pilot program at three military treatment facilities in November 2007. It was further tested and improved as the pilot expanded to 24 additional locations over two years, bringing the integrated system to 47 percent of service members referred for disability evaluation.

In thousands of surveys, service members and their Families in the pilot program consistently reported higher average satisfaction with fairness, customer service, and the overall DES experience than did participants in the legacy system.

CONNECTING THE COMMUNITY TO ITS WARRIORS

Story by Gail Cureton

Leaders at the Northern Regional Medical Command's Illinois-based warrior transition unit met with Quad Cities Chamber of Commerce members August 18 to strengthen the relationship between the community and wounded, ill and injured warriors.

The meeting, the brainchild of Capt. Martin Munoz, commander, Community-Based Warrior Transition Unit-Illinois (CBWTU-IL), is one of the items in his commander toolkit to share the Army Medicine story.

"The goal of reaching out to local leaders is two-fold; we want to share what we do in the WTUs to support our Soldiers, and it's a way of saying thanks for the support we receive while encouraging continued support," Munoz said.

"The community is interested in learning more about how they can help our Soldiers and veterans," he added.

During his presentation, Munoz discussed the WTU's mission and expressed appreciation for the important bond that exists between the WTU, U.S. Army Sustainment Command, Rock Island Arsenal, Association of the United States Army, Quad Cities businesses, and the importance of maintaining positive relationships.

Those relationships have landed jobs and business opportunities for many wounded, ill and injured warriors, according to Munoz, who has commanded the Rock Island-based WTU since 2008.

The Quad Cities metro area includes the communities and surrounding areas of Moline, East Moline and Rock Island in Illinois, and Davenport and Bettendorf in Iowa.

According to Munoz, the Quad Cities area is very patriotic and is home to a number of defense related businesses so arranging opportunities for himself and his first sergeant to do community engagements is not difficult. CBWTU-IL works with other Army and government agencies to support the wounded warriors with military, veterans and state-level benefit assistance; reintegration into the fighting force; and employment and re-employment opportunities.

"We are here to support our warriors as they recover," Munoz said. "The way I see it, an important part of that support is getting the community involved and establishing the connections our warriors will need when they transition from military back to civilian life."

For CBWTUs this connection can be very important because they provide command and control, and medical case man-

agement to a mainly reserve component force spread over a diverse geographical area.

The Rock Island CBWTU supports over 300 Soldiers and their Families in six Midwestern states: Illinois, Indiana, Kentucky, Michigan, Ohio, and Wisconsin.



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ONCE ON THE BATTLEFIELD NOW ON THE PLAYING FIELD

Story and photos: Craig Coleman, Kristin Ellis, Joshua L. Wick



Andy Kingsley, Walter Reed Warrior athlete, takes off during the 50-meter prelim May 18 at the Olympic Training Center. Kingsley qualified in all four of his events. Photo: Kristin Ellis

Twenty-one Northern Regional Medical Command warrior-athletes, including several from Walter Reed Army Medical Center before its closure last month, joined more than 180 others from across the military services to compete in the second annual Warrior Games here, showing the power of ability over disability.

Warriors in transition competed in seven events from May 16-23 at the state-of-the-art U.S. Olympic Training Center, the U.S. Air Force Academy, Peterson Air Force Base, Fort Carson and, for the track and field events, at a local high school.

The Department of Defense, in cooperation with the U.S. Olympic Committee created the Warrior Games in 2010 to emphasize the role of athletics in the recovery of wounded, ill and injured service members and to provide a high profile event to encourage other wounded service members to participate in adaptive sports. Service members competed in different divisions in each event categorized by their injury or illness.

Highlights from the games showcase the incredible drive exhibited all the competitors, but a closer look at some NRMCA athletes gives insight into the resiliency of Warriors in Transition and a glimpse at the personal sacrifices and challenges

overcome by colleagues, patients and neighbors whose lives illustrate the power of ability over disability.

The Opening Ceremony

Wounded Warrior athletes lined the Olympic Training Center's "Olympic Path" during the ceremony. Warriors of all services stood side-by-side under the U.S. Olympic banner; that is how they fight and that is how they would compete in this year's competition.

"These games are a way for you to represent our country on a different battlefield, not only showcasing your hard-earned athletic prowess in highly-competitive events, but your pride and desire to represent your services as part of a team," Adm. James Winnifield, commander, U.S. Northern Command, told the athletes. "These games and those of you who participate in them embody the best of our nation's warrior spirit and our attitude that 'We cannot be defeated.' Either as a nation, as a military, as a unit, or as a person."

"The benefits to our military members mentally and physically is unbelievable and immeasurable," Winnifield continued. "But sometimes I think the biggest winners are the ones lucky enough to see you, to meet you, and to be inspired by your service and determination."



Team Army marches down the "Olympic Path" Monday during the opening ceremony for the second annual Warrior Games in Colorado Springs, Colo. Photo: Kristin Ellis

On the Track

Seven Northern Regional Medical Command athletes won track and field medals on the first day of competition.

The cool, overcast mountain morning featured more than 200 athletes participating in 31 events. The Marine Corps had a big lead on the other services in the medal count by morning's end, with 30 medals; Team Army is second with 15; Navy had eight and Air Force 4.

David Oliver of Walter Reed Army Medical Center (WRAMC) won bronze medals in the 800-m dash upper body and the 200-m dash upper body. Robert Laux (WRAMC) won bronze in the 100m dash and silver as the lead runner on the Army's 4x100m relay team. Christina Mitchell (WRAMC) took the bronze medal



Above, athletes sprint toward the finish line during the 100-meter dash at the Warrior Games track and field events in Colorado Springs, Colo. Photo: Joshua L. Wick

in the Women's 800-meter dash. Seward McKinney (WRAMC) won the bronze medal for Women's Shot Put Sitting. David Harker (WRAMC) took third in the Men's Discus Sitting. Celestine Calvert (Fort Meade) missed out on a medal by less than a meter, finishing fourth, in the Women's Shot Put Standing.

Sue Bozgoz, Army Warrior Games track and field coach said that while these athletes have challenges, her job was to bring the best out of people, who, by facing adversity, are winners by default.



Walter Reed Warrior athlete Harrison Ruzicka launches the shot through the air during the standing shot put event in Colorado Springs, Colo. Photo: Kristin Ellis

"They may think they can't do it, but if you talk to each of them they'll say, 'I need to prove to people and to myself that I can go over and beyond and I can finish [the event].'" Bozgoz said.

Oliver, an upper body amputee and one of the double medalists, said during much of the 800m meter event he felt he would fall flat on his face. "But then the thought of disappointing your family and your friends kicked in," he said. "I pushed myself harder than I ever have in my life. It felt good."

McKinney, who won gold and bronze medals in the inaugural Warrior Games last year, said having fun, recovering from stroke, and not winning, was why she was at the games. She encouraged other wounded warriors to try adaptive sports. "You could do something that maybe you thought you couldn't do," she said. "You never know how good you can be at it until you try."

Harker started training for the Warrior Games only two months before traveling Colorado Springs, Colo., two weeks ago having never before competed in discus. "I had to learn how to hold it, how to release it, how to follow through," he said. Track and field, plus strength and conditioning training twice a week resulted in a bronze medal in his first competition.

Calvert, who spoke while sitting on a bench on the track infield with her knee extended and wrapped in ice, injured the knee while trying to throw a shot put as far as she could while compensating for a torn rotator cuff. "You get to prove yourself, that you're still human. You're still you, and not just a broken body that's never going to be the same again," Calvert said. "You can compete, and [be] like your old self again." She said she was happy just to make it to the Warrior Games.

In the Pool

The Army swim team started off strong. With an "at capacity" crowd, the swimming preliminaries proved to be one of the sports with the highest participation with 22 back-to-back events in preparation for Friday's finals. Walter Reed's Stefanie Mason and Fort Lee, Va.'s Elizabeth Merwin, both of the Northern Regional Medical Command, set the pace fast in their heats for the Women's 50-meter freestyle open preliminaries, clocking in at 39.51 seconds and 47.66 respectively to easily qualify for Friday's finals. Walter Reed Warrior athletes Andy Kingsley, Harrison Ruzicka, Evan Marcy, and Rob Laux qualified as well.

'Be proud of the fact that you are a survivor'

"When I found out I had breast cancer, I distinctly remember the moment like the world came to a stop," Merwin said, Fort Lee, Va. Warrior athlete. "I tried to prepare myself to hear those words, but to hear the words 'You have cancer,' I don't think anybody is truly prepared for that."

Despite no family history of cancer and undergoing a routine mammogram before deploying, Merwin found a lump on her chest while in Afghanistan and soon underwent a double mastectomy.

"The lump I had never showed up on that mammogram. It was high on the chest so it wasn't within the range where it could be read," the former triathlete explained. "That's why I encourage women and men, if you have a lump anywhere inside of your chest, doesn't matter, get it checked out."

Merwin, an avid swimmer and cyclist, recalled a visit from her Warrior Transition Brigade commander at Fort Campbell, Ky., the morning after her surgery, when he told her about a multi-day bike ride two weeks away.

"[Then] Lt. Merwin, am I going to see you out on that bike ride?," she remembered his challenge.

"I kind of looked at myself and thought, 'I'm sitting here in a hospital gown, all wrapped up in medical gauze, I just lost a body part and you want me to get on a bike in 14 days and ride for two or three days?'" she laughed. "But all I could say was, 'Yes, Sir!'"

"Cycling is enough of how I identify myself that it really wasn't a question as to whether or not I would be out there if I could, and I was," Merwin said.

She explained she uses cycling and swimming as part of her recovery, both mentally and physically.

"You can go out there for hours and sort of just disappear," she explained. "Swimming is much more physically challenging and rehabilitative for me. Forces me to engage the shoulder and chest muscles that – although they weren't touched by my surgery – there's a lot of scar tissue around those muscles so I have to work through some of the pain that comes with using those muscles. Swimming also has a tendency to fire the nerves through my chest more and that's good because it's letting me know that I'm healing."

Merwin was set to compete in the 50-meter freestyle open finals following the 30-kilometer cycling event at the U.S. Air Force Academy (in which she later won the gold). She had already done a run-through of both events to determine how much time she needs to rest between sports and what foods she need to eat to ensure her body is ready to transition from one activity to the other.

"I am super stoked for the bike ride. I'm here to win gold for the Army in the cycling event. Don't know what my competition is like yet, but I feel very strongly I can hang with the guys," Merwin said with a grin.

And her advice to other wounded, ill, and injured servicemembers?

"As a survivor, be proud of the fact that you are a survivor," she emphasized. "No matter what the ailment, even if you've lost a body part, don't let that define who you are. You were the person you were before you lost that limb, before you lost that body part. Be proud of who you are. Be identified by who you are."

'I'm not letting anything stop me'

When given the choice of swimming style, does Andy "Kingfish" Kingsley think he moves like a seal, shark, or manatee?

"I think I move like the most beautiful mer-man anyone has ever seen," he deadpanned. "I make the water glisten as I go through."

It is this attitude, confidence, and motivation that led his Army swim teammates to name him their official captain.

"I told them 'I know I'm an E-4, but I'm highly motivated, highly driven, and I want our team to stomp out the other [military] branches.' They liked that kind of attitude so they voted me for captain," he explained. "I make sure I am chanting [a team-mates'] name before they go out there and when they're on the block. When I'm up there, I make sure to point out my team... and anyone who's rooting for me and show them how motivated I am. When one of my guys or girls are on that block I want to make sure they can see and hear me cheering their name, kind of telling them 'Hurry up and get back over here.'"



Andy Kingsley, center, is surrounded by support from his 82nd Airborne comrades who flew from Fort Bragg, N.C., to cheer him on in the stands.
Photo: Kristin Ellis

During a 2010 deployment in Afghanistan, the Walter Reed Warrior athlete and 82nd Airborne Soldier's bunker was hit by a mortar attack. He recalled being able to hear the whistle of an incoming mortar and telling his buddies to get out of the bunker. He said one of his friends was not moving fast enough and he had to push him out right before the mortar hit. Kingsley traumatically lost a leg, big toe, vision in his right eye, suffered a compound fracture to his middle finger, and a mild traumatic brain injury.

He picked up swimming during his recovery to lose weight and to get some exercise. Someone noticed how fast he is in the water and told him about the Warrior Games. He soon was swimming three-days-a-week and participating in strength and conditioning exercises with his fellow Walter Reed teammates.

More than a dozen of his 82 Airborne comrades flew from Fort Bragg, N.C., to support Kingsley, cheering loudly in the stands each time his name and lane were announced.

"It's a real big deal to have them come all the way out here to support me," he said.

"It doesn't matter to me if I win or lose, what matters is that Army beats everyone else," he said with a grin. "As long as they're wearing black [the color of the Army's Warrior Games uniform], I'm there. Even though it's an individual sport, it's also a team sport. I'm going to go out there and give it my all and I expect my team to do the same."

"I never once in my life complained about my injury. I just deal with it and drive on." Kingsley said.

Even though it's Kingsley's first Warrior Games, he is already planning to enter next year's games and participate in sitting volleyball, wheelchair basketball, and, someday maybe Ultimate Warrior. "I'm going to push myself to the limit, so the other people out there who don't have the same handicap that we do know they can do the same," he explained. "There's no excuse. I never once in my life complained about my injury. I just deal with it and drive on."

"When I'm out there swimming, I'm thinking of my son. He is 18-months old, and I think 'Man, there is all this video footage of the Warrior Games.' And one day if my son says 'I can't do this, this moment is too hard... I can show him the pictures and video and tell him 'That day I didn't tell myself it was too hard, I just did it and look where I am now. I succeeded.'"

Just Like William Tell

Kenneth Harker of NRM's Walter Reed Warrior Transition Brigade won a Warrior Games silver Medal in Compound Archery.

During the Warrior Games, wounded, injured and ill athletes from the Army, Navy, Air Force, Marine Corps and Coast Guard compete for medals in seven sports. Warrior Transition Units around the country, in coordination with the Paralympic Military Program, look for ways to incorporate adaptive sports into the Soldier's treatment and recovery plans.

Archery finals are a one-on-one event, with the top scorers meeting after preliminary rounds. Each archer completes four flights of three arrows each in alternating turns. The targets are 70 meters away.

Harker, a double-leg amputee, narrowly lost the gold to Navy's Andre Shelby in a close battle. They shot arrow for arrow, point



Kenneth Harker of Walter Reed Army Medical Center and Northern Regional Medical Command competes in the finals of the compound bow division of the Warrior Games Archery competition. Photo: Craig Coleman

for point, until one of Harker's shots knocked an earlier arrow from his target. That, according to Steven Coleman, Team Army archery coach, made the difference in the competition.

"If he had 'Robin Hooded' by hitting the first arrow end-to-end he would have gotten that higher point [total]," Coleman said. "It just kicked out, cost him a couple of points."

Harker's performances throughout the Warrior Games were noteworthy for being cool under pressure. His girlfriend, Heather Fitzpatrick, who accompanied him to the games from Washington, D.C., called his composure "remarkable."

"He can just sit back, relax and smile," Fitzpatrick said. "He likes watching his competition – how well they do, what he's got to beat – and he handles it very, very well."

Coleman called Harker a type-bravo personality with an advantage in a sport that calls for steely nerves. "Pressure just rolls off him."

Harker, however, said his calm demeanor is "just an act."

"It's more of a rush than you realize until you're out there competing," he said. You think, 'I've got to calm down.'"

Cool or not, Harker defeated many excellent military archers in sport he is still learning.

"I feel pretty good, Harker said. "To come in second when I haven't even been shooting three months, and now I've got a hunting bow."

Coleman believes Harker has a bright future as an archer.

"He's a natural," Coleman said. "We'll get him training more this year, get him ready for [the Warrior Games] next year. Look out compound division – they'd better bring in a ringer because he's coming!"

Harker wants to continue developing as an archer and to defend his medal next year. "I'll come back better equipped to win next time."

"It's more of a rush than you realize..." Harker said.

In the Pool: The Medal Round

With another jam-packed crowd on hand, the U.S. Army's swimming team's top finalists went head-to-head in a total of 15 highly-anticipated events at the Warrior Games. Army athletes medaled in almost every event, from the 50-meter Freestyle to the 200-meter Freestyle relay, coming away with 15 medals for the team, according to Holly Roselle, Army's swimming coach.

"A lot of these warriors are doing things they didn't even know how to do when they first got here," Roselle said.

NRMC's Stefanie Mason claimed a gold medal in the 50-meter freestyle and a bronze in the 50-meter backstroke. The Army reservist has come a long way from her April 20 accident and injuries in Kabul, Afghanistan. The staff sergeant was a passenger in a Hummer that slammed into a cement wall sending her forward into the armored glass. As a result of the accident she sustained a right-knee fracture, nine head fractures and a moderate traumatic brain injury. While recovering at Walter Reed, Mason began walking again with crutches and found the only exercise she could do was swimming.



Warrior Games athletes prepare for the swimming preliminaries.
Photo: Kristin Ellis

While in Colorado Springs days before she was scheduled to compete, Mason had a visit from her commander, Brig. Gen. Edward G. Burley of the 352nd Civil Affairs Command, Fort Meade, Md. Burley, a wounded warrior himself, challenged her to a race. "Apparently, I won by a long shot," she said with a laugh.

"You did phenomenal. Every single one of you stepped up and overcame years of challenges, and the way you supported each other [as a team] was awesome....," Roselle said following the swimming events.

Spiking from the Floor

One of the most anticipated events during the Warrior Games was sitting volleyball. After four days of competition, it came down to a rematch of the 2010 Warrior Games finals, Army vs. Marines. The Leathernecks took home gold again, the Army took silver and Special Operations Command, with his win over Navy, got the bronze.



Team Army blocks a spike from Team Marine Corps during a preliminary volleyball match at the Warrior Games. Photo: Joshua L. Wick

Though they didn't get the gold, "We definitely played our hearts out" said Christian Hughes, a wounded warrior assigned to a NRMCM's WTB at Fort Drum, N.Y. The drive of competition and representing his service is what got Hughes into the Warrior Games. A year ago he was in a wheelchair after being shot four times in Afghanistan, leaving his left leg about mid-calf down, paralyzed and losing about four-and-a-half inches of his femur."

I spent close to a year and a half at Walter Reed, and then I transferred up to the Fort Drum, N.Y. Warrior Transition Unit," he said. He was able to compete at Warrior Games through the Fort Drum Adaptive Sports Program. "Christian is a great player and a fierce competitor; he leaves it all on the court," said retired Army Maj. Chris Cooper, the sitting volleyball coach.

**"We definitely played our hearts out."
Hughes said.**

The Warrior Games allowed a proud Army mother to see her son compete again like he did in high school and in college. The games and its location also was an opportunity for Barbara Pease, Christian's mother, to see how much he has overcome since his injury.

"He's at Fort Drum, N.Y., and I'm in California. They couldn't have gotten him any farther away without sending him out of the country," she laughed. "It's been amazing; he has been a fighter his whole life. I knew he would overcome this. To see him work so hard to become active again has just been a blessing for myself and for him mentally and physically," Pease said.



CLICK HERE TO CHECK OUT ANDY KINGSLEY'S VIDEO INTERVIEW FROM THE WARRIOR GAMES!

KENNER ARMY HEALTH CLINIC HOSTS the 2011 Army Best Warrior Competition for the Eighth Consecutive Year

Story: Tereasa Wade

Kenner Army Health Clinic will support this year's Department of the Army Best Warrior competition from October 3 – 7. During the competition, 26 of the Army's finest Warriors, representing 13 commands from across the Army will compete to test their Army aptitude, ability to conquer urban warfare simulations, board interviews, physical fitness tests, written exams, and warrior tasks and battle drills relevant to today's operating environment.

"This is the eighth year Kenner has supported the Department of the Army's Best Warrior competition and we are elated and up for the challenge of taking charge the medical lanes again this year," Col. Joseph S. Pina, Kenner Army Health Clinic Commander, said. "Far too often, medical personnel are not in mind when the Army thinks of warriors doing warrior tasks," he said. "We are all warriors first, and anyone who witnesses this event will be impressed by the fortitude and professionalism of our Soldier medics."

Kenner's role in this year's competition includes setting up, administering and grading the medical lane. This year the medical lane will require competitors to provide mass care (medical) treatment to multiple casualties as first responders to an unexpected attack on an airline as it prepares for take-off. This group exercise will allow competitors to be graded individually while performing in a group scenario.

Twenty-six medics from Kenner Army Health Clinic, under the direction of Sgt. 1st Class Garrett Moses and Staff Sgt. Daniel Claybrook, received the Coin of Excellence from Sgt. Maj. Raymond F. Chandler, III, Sergeant Major of the Army. Chandler made the presentations after he was briefed on the medical lane scenario.

"We are honored to again support this prestigious event and are meticulously preparing for the challenge," said Master Sgt. Sean Gathers, Kenner Army Health Clinic senior medical NCO. "This is the eighth year Kenner has supported the DA Best Warrior Competition, Kenner has supported the event since the event's inception at Fort Lee," he said.

Competition winners will be announced during the Association of the United States Army annual meeting, Oct. 10, in Washington D.C. and a bloggers' roundtable will be conducted on ArmyLive during the conference.

The Soldier and Noncommissioned Officer of the Year receives prestigious honors and cash awards in recognition of their achievements and represent the Army at special events throughout their 2011-2012.

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GAME ON: Sports physicals clear cadets for NCAA play

Story and photo: Mike Strasser



It was sports physical day at Mologne Cadet Health Clinic Aug. 11 for more than 250 cadets ready to compete in NCAA sports this year. Assisting in the process were several physicians from the Primary Care Sports Medicine Fellowship Program from Fort Belvoir, Va.

Midway through Reorganization Week, Mologne Cadet Health Clinic was the site for NCAA sports physicals Aug. 11 for more than 250 cadets ready to represent West Point on the fields of friendly strife.

Class of 2015 cadets comprised about 98 percent of those screenings, as well as those who are new to NCAA athletics or are returning to their sport after surgery.

Lt. Col. Steven Svoboda serves as head team physician for all Corps Squad sports and oversees this whole process "a long-standing tradition during Reorganization Week. While other universities may spread out physicals over a period of months and by individual appointments instead of groups, Svoboda said there are benefits to the way West Point does it.

"This way brings all the doctors to the cadets at one time and doesn't impact their already tight schedule in any off-putting way," he said.

NCAA regulations cite that all athletes must receive a physical administered by a qualified medical examiner prior to participating in any organized sport. For new cadets, the physical is practically a triple check, since they received medical clearance first through the admissions process then a second screening on Reception Day. Injuries may occur during the rigors of summer military training, and this allows medical personnel to revisit and update their medical records.

West Point personnel and cadets receive all of their medical and orthopaedic surgical care from Keller Army Community Hospital, which is the home of the John A. Feagin, Jr. Sports Medicine Fellowship.

To complete this volume of physicals in one day, the Keller orthopaedic surgeons with the Feagin Sports Medicine orthopaedic fellows enlisted the help of several fellows from the Primary Care Sports Medicine Fellowship Program from Fort Belvoir, Va.

Col. Kevin DeWeber, the Primary Care Sports Medicine Fellowship director from Fort Belvoir, said this has been an ongoing collaboration for about 15 years. The board-certified physicians are completing a yearlong fellowship in sports medicine, DeWeber said, and now get to put their training to work at West Point.

"This is a good practical application for them, although most of them have done a lot sports physicals in the past and are pretty good at it," DeWeber said. "This is probably the first NCAA sports physical exposure they will get."

DeWeber said the fellows also perform physicals each year at Georgetown University, American University and the U.S. Naval Academy, among others.

"The physician may listen to someone's heart for a murmur or something that may have been missed at a previous physical exam process," Svoboda said. "They may have a cadet do a squat or some movement that could help diagnose a murmur. Typically, you're trying to find that one in a thousand that has a latent developmental process that, given the right conditions, may be bad for them to be playing sports in extreme heat or other adverse conditions."

Robby Vought, ODIA athletic trainer, said cadets also receive an orthopedic screening, which is a basic head-to-toe musculoskeletal examination.

"That'll make sure all their bones and joints check out, see if there are any complications from old injuries or if they've had any problems from prior surgeries," Vought said. "This is also the time to find any new injuries, most likely from cadets coming out of Beast (Barracks)."

Navy Ensign Robert Putko, a medical student from the Uniformed Services University in Bethesda, Md., is on a month long elective with the Orthopaedic Service at Keller and assisted in the conduct of the orthopaedic screening by having cadets perform basic hand, arm and leg movements.

"We can test the major muscles and nerves of the body in a broad sense and if we see any red flags or weaknesses, then we'll perform a more focused exam on that," he said.

Members of the Army Football Team received their physicals weeks earlier because of their training schedule, with nearly 80 new cadets medically cleared at Michie Stadium by the Primary Care Sports Medicine Office at Keller.

"With the combination of two world-class sports medicine fellowship programs in orthopaedic surgery and primary care, we are able to provide the best support possible to our cadet athletes and help sow the seeds that 'will bear the fruits victory' called for by Gen. Douglas MacArthur," Svoboda said. (*Army.mil*)

Retired

COMMANDING GENERAL

reflects on career

Story: Joshua L. Wick



Maj. Gen. (Ret.) Carla Hawley-Bowland.

commands within the U.S. Army Medical Department. In addition to her time with the Northern Regional Medical Command (NRMC) for three-and-a-half years, Hawley-Bowland has also commanded the Pacific Regional Medical Command and Tripler Army Medical Center in Honolulu, as well as the Europe Regional Medical Command in Heidelberg, Germany.

On July 29, after 32 years of military service, she retired during a ceremony in the Rose Garden in front of Walter Reed's original hospital building.

Reflection

According to Hawley-Bowland, NRMC is in very good shape because of the great staff and commanders who have kept the command on target for readiness. Establishing a regular senior leader conference has pulled the region and military treatment facilities together and made NRMC a more efficient team. NRMC is leading the U.S. Army Medical Command in its effort to establishing patient-centered medical care, a new team model of primary care that establishes a consistent relationship between patient and provider, ensuring access to their primary care managers in an effort to improve continuity and quality of care.

"We have most of our MTFs in the 60 percent club, where they [Soldier and beneficiaries] see their PCM 60 percent of the time," Hawley-Bowland, who commanded NRMC and WRAMC from December 2007 to August 2011, said.

As for WRAMC, the general praised the command for being great stewards of resources, for being on track with their budget

From her start as an obstetrician/gynecologist resident to her final assignment as commanding general, Maj. Gen. (Ret.) Carla Hawley-Bowland's Army career ended in the same place where it all began at Walter Reed Army Medical Center (WRAMC).

Hawley-Bowland was the first female Medical Corps general officer in the history of the U.S. Army. She has commanded three of the five regional medical



Maj. Gen. (Ret.) Carla Hawley-Bowland (left) and NRMC Command Sgt. Maj. Frances Rivera (center) uncasing the NRMC flag.
Photo: Kristin Ellis

and on target moving its patients to the new Department of Defense medical centers — Fort Belvoir Community Hospital, Va., and Walter Reed National Military Medical Center Bethesda in Md., in accordance with the 2005 Base Realignment and Closure law. "When I got here they were just coming out from the issue of Bldg. 18, and they had just set up the Warrior Transition Unit. We were at 737 warriors at that time we are now down to 434, and that is not from pushing people out, but from expediting the MEB [Medical Evaluation Boards] process, expediting the care of the patients with a long-term care board, and getting the warriors enhanced access standards," she said.

According to the commander, on top of the already steady workload and the medical evacuation flights landing three days a week, Walter Reed was able to achieve an exceptional return to duty rate for the wounded warriors it treated.

Motivation

Great patients have kept her motivated and wanting to continue to practice medicine. Though command has taken Hawley-Bowland out of regular clinical operations, it hasn't stopped her from being a general officer, commander, and a doctor who continues to practice.

"I have never given up practicing. I have always been able to sneak back to the OR [operating room] and still teach vaginal surgery. That's my forte...last time I went to the OR was May 10, and last year I trained on the Da Vinci robot. It's a choice," Hawley-Bowland said.

"Some people give up clinicals completely. I never have. That is part of my stress management, and no one can bother me over there," she laughed.

While at Fort Hood, Texas, one weekend she delivered 45 babies in 72 hours. "I set the record and no one has ever topped that," the general said proudly.

"It's simple...taking care of great patients who love the care they get...that's all the motivation I have needed," she said. Family has also been a big part of her career and motivation. From soccer practice to Girl Scouts and Cub Scouts, Hawley-

Bowland and her husband Warren Bowland, who is also a retired Army doctor, managed to have a family and get them where they needed and wanted to go.

"They didn't suffer because mom and dad were at work. We just made sure we weren't on-call on the same night, so that one of us was at home with the kids. That was our rule," she said.

"We moved one time, and my son didn't speak to me for six months because he lost his girlfriend and once he met another girlfriend he talked to me," she laughed. I have two very resilient kids that can tackle any problem."

Hawley-Bowland hopes her career has shown women that they can balance their careers and have a family life and be successful at both.

Leadership

Being a regional commander three times during the course of her career has given her plenty of opportunities to have a positive impact on the lives of patients but also future leaders in the Army.

"[Command] has allowed me to mentor other leaders and practitioners that would have otherwise stayed in clinical and are now starting to lead and take command," she said.

"The residents I have trained, I have seen them grow and become consultants, program managers, department chiefs and are on the command track," Hawley-Bowland said.

Hawley-Bowland credits many former leaders for her successes in the Army, but it was Brig. Gen. Ogden Dewitt, commander of William Beaumont Medical Center, at Fort Bliss, Texas, from 1995 to 1997, who convinced her to put away the OR scrubs and see what the other side of the Army looked like. A few years later, and several staff and command positions later, she was selected for brigadier general.

"I never expected that, but he was the one who convinced me to go try it," she said.

When she reported to take command of the Europe Regional Medical Command and command surgeon for U.S. Army Europe

and 7th Army, her new commander, Gen. Burwell B. Bell III, commanding general, U.S. Army Europe, showed the brand new one-star that, "If it's the right thing to do for Soldiers, you just do it and make it happen."

Calculating her ages she found that she was a commander of a hospital at ages 46 and 48, and the commander of a hospital system at ages 52, 54, and 56 and now she is retiring at 59 years old.

"The Army has offered me more leadership positions than I would have gotten in the civilian sector," she said.

According to the general, in the civilian sector she would have had to be in her 60's to be a chief executive officer, her civilian equivalent as a hospital commander.

"I talk to the Basic Officer Leader Course, and it's the brand new medical students...I tell them what a great choice they made coming into Army Medicine, because there is no correct path... there are some exciting things you can do; you can write your own path," she stressed.

Retirement

"If it's time for me to go, it's time for me to go," she said. Though she was reluctant about retiring, she understands that retirement and changing command is what keeps the Army moving and alive, so that it can keep doing great things.

In retirement, she plans to settle in El Paso, Texas, with her husband. Family will continue to be their focus, from their mothers in Arizona, to their children, grandchild, and friends, this will be the time to make up for lost time.

**"It's been a great career; I wouldn't trade it for anything."
Hawley-Bowland said.**

However, retirement won't stop this major general and doctor from giving back to Soldiers and beneficiaries.

"I plan to be a Red Cross volunteer OB/GYN doc at Beaumont," she said.

"It's been a great career; I wouldn't trade it for anything. I have had a great time.

Having fun is one of my rules," she laughed. No regrets at all, and hopefully at William Beaumont, I will continue to serve Soldiers and Families."



Rear Adm. Matthew Nathan (left), commander of the National Naval Medical Center, Bethesda, Md., accepts Maj. Walter Reed's ceremonial sword from Maj. Gen. (Ret.) Carla Hawley-Bowland, then commanding general of the Northern Regional Medical Command and Walter Reed Army Medical Center, during a color casing ceremony for WRAMC. Photo: Sharon Renee Taylor

BRAC Closes Facilities but Legacy of Healing, Compassion Endures

Story: Gail Cureton

After more than a century of treating wounded, ill and injured servicemembers, retirees and their families, Walter Reed Army Medical Center officially closed its doors with the transfer of its final inpatients August 27.

The transfer marked the end of the 102-year history of the Army's flagship medical center and ushered in a new era of military medicine integration and transformation within the National Capital Region (NCR).

Under the Base Realignment and Closure Act of 2005, the Department of Defense was required to combine four inpatient hospitals -- Walter Reed, National Naval Medical Center at Bethesda, Md., DeWitt Army Community Hospital at Fort Belvoir, Va., and Malcolm Grow Medical Center at Joint Base Andrews, Md. -- into two joint military medical centers no later than September 15.

According to military healthcare leaders, the integration is the largest medical restructuring ever undertaken in the military health system, with approximately 9,400 staff and patients transitioning to one of the two new facilities.

The new facility at Bethesda, renamed Walter Reed National Military Medical Center (WRNMMC) Bethesda, includes 345 medical-surgical beds, 50 intensive care unit beds and 20 operating rooms, while the Fort Belvoir Community Hospital (FBCH), which replaced DeWitt Army Community Hospital, has 120, 10 and 10, respectively. The new hospital at Fort Belvoir welcomed its first inpatient August 31.

The two facilities will have the capacity to care for combat casualties, as well provide medical care and wellness resources for servicemembers, military retirees and their family members.

Both Bethesda and Belvoir have added and renovated barracks and lodging spaces for wounded, ill and injured servicemembers previously assigned to Walter Reed as outpatients.

The relocation of the last patients at Walter Reed came one month after the storied facility's July 27 casing of the colors ceremony, signifying its closure and transition to WRNMMC and FBCH.



Original Walter Reed Army Medical Center building, which closed September 15. (COURTESY PHOTO)

Those in attendance at the closure ceremony included Hawaii Sen. Daniel Inouye, Georgia Rep. Sanford Bishop, assistant secretary of defense for Health Affairs Jonathan Woodson, and a number of former commanding generals and alumni of WRAMC.

Secretary of the Army John McHugh, who spoke at the ceremony, called WRAMC's closure "bittersweet." He said for more than a century, health care delivered on the Georgia Avenue campus of Walter Reed "has symbolized the Army's unyielding commitment to the care and treatment of our wounded warriors."



Walter Reed Army Medical Center made a profound and lasting contribution to military medicine. (COURTESY PHOTO)

Throughout that time, WRAMC has been a place of “healing, hope, never-ending innovation, scientific and medical achievement,” he said.

McHugh added that for him, WRAMC is one of two “venerable” institutions which serve as a “constant and important reminder of the real cost of military service, and the real cost of war.”

Arlington National Cemetery is the other place of reverence, he said.

“Here, it’s impossible to walk away without having been [inspired] by the determination and sheer grit of those who are under the care of the professionals at Walter Reed,” McHugh said. “Those warriors, heroes who have endured traumatic injuries and often terrific pain, and through all of that, maintain the fighting spirit that has always been the heart and soul of the American Soldier. Even from their hospital beds, these brave men and women retain their commitment to the Warrior’s Ethos, never accepting defeat, never quitting.

“That spirit just doesn’t reside in wounded warriors alone,” McHugh said. That spirit also exists within the Walter Reed staff, he added, the spirit of “never leaving a fallen comrade.”

McHugh said Walter Reed has always been about trying to find ways to aid in the recovery of the wounded, “not in bricks, mortar and buildings, but spirit, hope and compassion.”

He said Walter Reed has maintained its excellence in patient care despite its transition. “The pace hasn’t slowed, and nor will it. The work has and will continue,” McHugh said. “But miracles are what this facility has truly been about. These doors may close, the address may change, but the name, the legacy, and most importantly, the work and the healing will endure,” McHugh said.

Walter Reed General Hospital first opened its doors in Washington, D.C. May 1, 1909. The facility was named after Maj. Walter Reed, the Army doctor who led the team credited with the discovery that yellow fever was transmitted by mosquito.

In 1951, the Walter Reed General Hospital was combined with the Army Medical Center that existed on the same campus. Together they formed the Walter Reed Army Medical Center.

The former medical center’s 113 acres will be split between the Department of State and the District of Columbia reuse commission.

A LOOK INTO 1,000 EYES

at McDonald Health Center

Story and photo: Hope Kujawski

To many patients, ophthalmologist Dr. Michael Hamilton is a familiar face. He has been a member of the Joint Base Langley-Eustis Va., community since 2004 and has looked into many eyes during his nine years in the Army.

Dr. Hamilton, who performed cataract surgery on his 1,000th patient at MCAHC May 12, said the quality of life after surgery is great and it lasts for life.

Typically, patients develop cataracts later in life, said Hamilton who began his career at Brook Army Medical Center in San Antonio following his residency at Brook. "If you live long enough, everyone will develop cataracts." Some of the most significant contributing factors for developing cataracts are genetics and sun exposure.

Cataract procedures are relatively simple due to modern technology. Dr. Hamilton describes cataract surgery as a precise, meticulous surgery. Being accurate performing cataract surgery is easy using present-day technology. Patients come in for surgery and usually can expect to be able to leave within about three hours.

The cataract procedure itself takes only about 15 minutes, but preparation and recovery time lengthen the stay. The only discomfort after surgery may be the possible "scratchy" eye. Patients leave with a patch on the eye, and come back the next morning for a follow-up. For two weeks after the procedure, the only restrictions are "no heavy lifting and no swimming."

Although the Brigham Young University graduate has been a mainstay at McDonald since 2004, he has also taken his expertise to Soldiers in Iraq when he deployed to Baghdad in 2006. During the 180-day deployment he performed 180 eye procedures. Hamilton also deployed to Honduras and Mexico during a humanitarian mission where he performed 20 cataract procedures.

Other services available for care/treatment through the ophthalmologist at MCAHC are glaucoma care, diabetic laser procedures, and blepharoplasty (removing droopy eye lids). These services also require a referral, but are open to any eligible military beneficiary.



Dr. Michael Hamilton, ophthalmologist at McDonald Army Health Center, is shown with patient Richard Weaver, who became Hamilton's 1,000th patient for cataract surgery.

Once a month, Hamilton performs "Lasik" and "PRK" surgery on active-duty servicemembers at Portsmouth Naval Medical Center also in Virginia. Active duty personnel interested in the procedure can stop in the eye clinic at MCAHC to pick up a packet of information and requirements.

"Fort Eustis has some wonderful people, and the relationships developed make it seem like we're all part of a family," said the father of five. "I truly enjoy being a provider at McDonald and helping people see better a joy."

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PINA ASSUMES COMMAND OF KAHC

Story and photo: Amy Perry



Col. Joseph S. Pina takes the Kenner Army Health Clinic guidon from Maj. Gen. Carla G. Hawley-Bowland, former commanding general Northern Regional Medical Command, during his change of command ceremony on the KAHC front lawn July 19. Photo: Amy Perry

Members of the Fort Lee community gathered July 19 on the Kenner Army Health Clinic front lawn to say farewell to one commander and welcome another.

Maj. Gen. Carla Hawley-Bowland, former commanding general of the Northern Regional Medical Command, oversaw the passing of colors from outgoing commander, Col. Vivian T. Hutson, to incoming commander, Col. Joseph S. Pina, during a change of command ceremony.

Hawley-Bowland said she enjoys changes of command because they give her the opportunity to recognize commanders and their staffs of dedicated professionals.

"Today is a special day when we say farewell to an exceptional commander and leader, Col. Vivian Hutson," said Hawley-Bowland. "Your leadership and compassion touched the lives of your Soldiers, your patients and members of the local community."

During Hutson's tenure as commander and even under the strain of the BRAC moves, Hawley-Bowland said KAHC was recognized for its improved customer service and performance by the Army surgeon general.

"Colonel Hutson transformed the culture at Kenner with her philosophy of moving from good to great," she said. "Kenner received the surgeon general's award for most improved customer service in 2010 and also received the surgeon general's award for performance in both 2010 and 2011."

In 2010, the Joint Commission gave KAHC a perfect, no findings score during its triennial survey.

"You rarely ever get that," Hawley-Bowland said. "These awards and accreditation are a testament to the incredible job by Colonel Hutson and her dedicated team. Vivian, I thank you for your outstanding service in this assignment."

Turning her attention to Pina, the incoming commander, Hawley-Bowland said she recently served with him at Pacific Regional Medical Command in Hawaii, and she expressed confidence in his abilities.

"Colonel Pina will do a great job here," she said. "Joseph, I know you will continue the record of excellence that has been

established at Kenner, and you will make your own mark on the command."

Hutson thanked everyone for attending and thanked her staff at Kenner.

"To the Soldiers, it has been rewarding to me to see you accomplish things you didn't know you could do before," she said. "You're amazing and your enthusiasm and energy motivates me every day."

"To all of Kenner, it has been the greatest privilege and honor to serve with you - your spirit and dedication are shown in the results of the Joint Commission survey last year and the many awards we've received for productivity, patient safety and customer satisfaction," Hutson continued. "I will take from here a better appreciation of what a great team can accomplish together."

Pina also thanked everyone for attending the ceremony.

"Not only did we get to celebrate a great leader in Colonel Hutson, we are launching the opportunity for me to serve our military, dependents, retirees and veterans of Fort Lee," he said.

Taking time out to recognize his new staff, he commented on the awards and perfect score on the accreditation.

"To the Kenner Army Health Clinic - your reputation is well deserved," Pina said. "From your outstanding quality and productivity awards, to your successful civilian partnerships in the community, by all accounts, you are the premiere outpatient medical facility in the Army. I will do my duty and (provide my best) service as your commander." (*Fort Lee Traveler*)

HEALTHY HABITS LEAD TO A LONGER LIFE

Story: Kathy Hanchek, RN



Where does the time go? This is the question we ask ourselves frequently as we get older. Before you know it, you have reached that new chapter in the book of life called “middle age”. Middle age has been defined as the group between ages of 45 to 65. It’s then when you start to notice some subtle physical changes: graying of your hair, increase in body fat, strength and flexibility decreases, and the need for reading glasses.

However, growing old does not equal poor health. It is never too late to get healthy and stay healthy as you age. There are several healthy habits that will help you live a long, healthy life. For instance:

Know your numbers

At every office visit you should ask your health care provider for your blood pressure reading. Adults should have a blood pressure less than 120 / 80. A blood pressure is a measure of how hard the blood pushes against the walls of your arteries as it moves through your body. When your blood pressure is high it starts to damage the blood vessels, heart and kidneys which can lead to heart attacks and strokes. High blood pressure is 140/90 or higher and is called a “silent killer” because it does not usually cause symptoms while causing damage.

Adults should have their cholesterol levels checked every five years. Some may need more frequent testing if the numbers are not optimal or if they have other risk factors for heart disease. When there is too much cholesterol in your body, it is deposited in your arteries, which can lead to narrowing of the arteries and heart disease. Patients with high total cholesterol have approximately twice the risk of heart disease as patients with optimal level. A desirable total cholesterol level is lower than 200 mg/dL.

You should also ask your health care provider to break down your total cholesterol level so you know what your low density lipoprotein (LDL) “bad” cholesterol level, your high density lipoprotein (HDL) “good cholesterol” level and your triglycerides levels. Your HDL protects against heart disease by helping to keep cholesterol from building up in your arteries. Desirable HDL level should be greater than 40 for men and greater than 50 for women and the higher your HDL level, the better. Your LDL is the main source of cholesterol buildup and blockage of your arteries. The desirable level is less than 100 however your health care provider will determine your personal goal based on your risk for heart disease. Triglycerides are another form of fat in the blood that increases the risk for heart disease. Desirable triglycerides level should less than 150 mg/dL.



Don’t smoke or use tobacco

Tobacco use harms nearly every organ of the body and diminishes a person’s overall health. Tobacco use is the single most preventable cause of death in the United States. Each time you use tobacco, you are putting chemicals in your body that can increase your risk for cancer, heart disease and lung disease. Cigarette smoking can damage heart and blood vessels causing reduced circulation leading to narrowing of the arteries leading to high blood pressure, heart attacks and strokes. Carbon monoxide in cigarettes smoke replaces some of the oxygen in

the blood forcing the heart to work harder to supply enough oxygen. Even smokeless tobacco and exposure to second hand smoke are detrimental to your health.

The benefits of quitting tobacco will start right away. It does not matter how long or how much you have smoked you will begin to reap rewards immediately. Your blood pressure and heart rate will drop. You will have more oxygen in your blood and for your heart. You will notice your sense of smell had returned and food will taste better. Within in few weeks you will noticed that your smoker cough as diminished, less wheezing along with less production of phlegm. Your risk of heart attack will be half of that of a smoker within one year.

Stay physically active

People of all ages and body types benefit from physical activity. It is best to get at least 30 minutes of moderate intense physical activity on most days of the week. However, even shorter amounts of 10 minute session counts. You should also do muscle strengthening activities that involve all major muscles groups on at least two days of the week. Studies show that regular physical activity decreases the risk of developing depression, diabetes, heart disease, high blood pressure, obesity, stroke and some kinds of cancer. Some activities such as gardening, swimming, walking your dog, golfing, taking the stairs and even housework, can count toward your total. If you have a concern regarding a health condition, talk with your health care provider about the type and amount of activities that are best for you.

Manage stress

It is important to find the balance between little amount of stress and too much stress in your life. If you are over-stressed you may have difficulty concentrating, feelings of worry and fear, feeling tense, irritable and exhausted. Stress may increase your blood pressure and heart rate which increase your risk for heart disease. Stress can lead to bad habits such as smoking, drinking, overeating, which may temporally reduce stress however over a long time can put your health at risk.



It is important to learn healthier ways to deal with stress. There are many different stress management strategies that you may want to try. Adopting a healthy life style is one way to manage your stress level. Going for a walk or doing some physical activity will help you release your pent-up tension and stress. Make

sure you are getting enough sleep or you will feel irritable the next day making it more of a challenge to deal with stress.

It is important to eat breakfast every morning as food fuels your body and eat balanced nutritious meals through the day to keep your energy level up. Reduce your caffeine and sugar intake as the temporary “highs” will be followed by crash in your mood and energy level. By reducing amount of coffee, soft drinks, chocolate and high-sugar snacks you will feel more relaxed and you may even sleep better.

Eating better

Eating better should be taken in small steps as it can be overwhelming. Step one; reduce liquid calories in the diet. Beverages not required for Soldier Athletes are soda, fruit juice, splash and fusion drinks, as well as energy drinks with sugar, sweet tea, excessive sports drinks and excessive alcohol.



Step two; eat more food. Eat more food you say, AWESOME! Making your diet rich in produce - fruits and vegetables - allows you to consume a larger portion, increase performance and recover from your workouts faster all while staying full longer and attaining your weight loss goal. Produce helps protect against cancer, diabetes, heart disease, stroke risk, obesity, and buying larger size clothes. Challenge yourself to consume 3 colors of produce per day (yellow, green, orange, red, purple, white). Each color is rich in different vitamins, minerals, photochemicals and antioxidants, so ensure you get a variety of color each day.

For further education on making dietary changes the nutrition clinic offers classes at the commissary weekly on Wednesdays from 7:30 to 8:45 a.m., call 772-6404 to schedule. No consult is required.

Adopting these healthy lifestyle changes today will help you live longer tomorrow. You can:

- Maintain a healthy weight
- Eat a heart-healthy diet
- Exercise regularly
- Limit alcohol intake
- Don't smoke or use tobacco
- Get enough sleep
- Reduce stress in your life
- Make some time in your life for things that are fun
- Get regular medical check-ups and have regular health screenings



U.S. ARMY

I.A.M. STRONGSM

INTERVENE



ACT



MOTIVATE

Sexual Assault and Sexual Harassment Prevention

INTERVENE

When I recognize a threat to my fellow Soldiers, I will have the personal courage to **INTERVENE** and prevent Sexual Assault. I will condemn acts of Sexual Harassment. I will not abide obscene gestures, language or behavior.

I am a Warrior and a member of a team.

I will **INTERVENE**.

ACT

You are my brother, my sister, my fellow Soldier.

It is my duty to stand up for you, no matter the time or place. I will take **ACTION**. I will do what's right.

I will prevent Sexual Harassment and Assault.

I will not tolerate sexually offensive behavior.

I will **ACT**.

MOTIVATE

We are American Soldiers, **MOTIVATED** to keep our fellow Soldiers safe. It is our mission to prevent Sexual Harassment and Assault. We will denounce sexual misconduct. As Soldiers, we are all

MOTIVATED to take action.

We are strongest...together.

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GETTYSBURG STAFF RIDE

motivates, enlightens personnel

Story: Chanel S. Weaver

More than 30 military and civilian members of the U.S. Army Public Health Command (USAPHC) exchanged life in the cubicle for a day out in the field Aug. 12.

The personnel visited the Gettysburg battlefield as part of a command-sponsored staff ride.

George Wunderlich, executive director of the National Museum of Civil War Medicine, Frederick, Md., served as the group's tour guide during the three-hour visit to the Gettysburg battlefield. Wunderlich tailored the tour to the group, and addressed public health and medical challenges that occurred during the Civil War, noting how Army Medicine has advanced since then.

Animal and human health have always been dependent on one another; therefore, Army public health and veterinary services are aligned today as part of public health. The Gettysburg Battle and Civil War took its toll on animals. More than 5,000 horses and mules died because of lack of provision or extensive labor, Wunderlich said. Today, the Army's veterinarians ensure proper care of military working dogs and other animals, providing world-class preventive and clinical care.

Finally, Wunderlich discussed the contributions of Dr. Jonathan Letterman, who is credited with making advancements in health care during the Civil War.

During the Battle of Gettysburg, the Army was losing many of its Soldiers to scurvy — a disease that is caused by a deficiency of vitamin C. Letterman ordered a fresh supply of potatoes, onions, cabbage, tomatoes, squash, beets and fresh bread be delivered to the troops to prevent these deaths. Today USAPHC's Army veterinarians make special provisions to ensure that troops receive a steady supply of safe, fresh food through approved food establishments and military dining facilities.

Letterman is also credited with the invention of the ambulance, triage system and emergency room.

"Letterman was a visionary, who still impacts military and civilian medical care today," said Wunderlich.

USAPHC personnel said the tour was quite enlightening.

"As we visited the various sites of the Battle of Gettysburg, I felt like I was there at the war scene," said Col. Miriam Rosa, public health nurse at the USAPHC. "What I have seen here will not stay here. I am looking forward to sharing this history and lessons learned when I am teaching classes in public health nursing."

After visiting the Gettysburg battlefield, the team members boarded a bus and visited the National Museum of Civil War Medicine. There, they viewed various displays depicting events and people of the Civil War.

Maj. Jeffery Blackwell, deputy commander for administration at Aberdeen Proving Ground's Kirk Army Clinic also participated in



George Wunderlich (center), executive director of the National Museum of Civil War Medicine, gives a tour of the Gettysburg battlefield during a USAPHC-sponsored staff ride Aug. 12. Wunderlich tailored the tour to the group, and addressed public health challenges that occurred during the Civil War, noting how the Army has advanced since then. Photo: Christina Grabe

the staff ride. He said the displays at the museum served as an important teaching tool.

"The more we understand and know our history, the better we can progress forward," said Blackwell. "It's important to learn from history so that we do not repeat the mistakes of the past."

USAPHC Command Sgt. Maj. Gerald C. Ecker said the staff ride was rewarding for the personnel who participated.

"I think today's staff ride served as an opportunity for enrichment and better understanding of our history," said Ecker. "The Soldiers who fought in the Civil War gave their all for their country, and we should follow in their footsteps and continue that legacy of selfless service to our nation."

These staff rides have historically served as a method of professional development and a mentoring opportunity. The ride is linked to a historical event and attendees participate by studying the event, and gaining new insights into how to perform their jobs better.

Just as the Army officials enjoyed the staff ride, Wunderlich said the tour was rewarding for him. He said he gives about 15-20 tours of the Gettysburg battlefield each month, but the tours he gives for Army personnel are always special.

"I have great respect for these Army personnel who dedicate their lives each day to save lives and promote the health and welfare of our armed forces," said Wunderlich. "I hope that the tour they received causes them to feel more motivated, and effective at doing their jobs."

Sgt. Rasheed Walker, the noncommissioned officer in charge at the Entomology Dept. of the USAPHC, said the staff ride was more than just a day out of the office.

"The Army has come a long way in preventing injuries and disease among its personnel," said Walker. "I thoroughly enjoyed the staff ride, because it gave me a better understanding of why public health is so critical, and I will take the lessons learned here and use them in my job."



Greg Stevens, AMEDD civilian corps chief at Fort Sam Houston, Texas greets an employee during his visit to Fort Drum.

TOP AMEDD CIVILIAN UPDATES FORT DRUM MEDICAL PERSONNEL

Story and photo: Michelle Kennedy

support and defend civilian positions at the Department of the Army, staff to manage career programs and money allocated to support educational opportunities. Stevens represents AMEDD civilians at the Department of the Army Civilian Board of Governors and at the Career Program Policy Committee.

However, Secretary of the Army John McHugh announced last week that over the next three years, a task force will restructure the institutional Army. Currently, the Army has more than 17,000 civilians over its authorized level, Stevens said.

"Many commands are already going through these cuts for the coming year," he said. "In my opinion, this will happen over the next three to five years. So far, the Defense Health Program has not been hit with any cuts. That doesn't mean we're not vulnerable, but I think DoD has made certain commitments to our Soldiers, sailors, airmen and Marines that we will have to fulfill."

When the restructuring comes, Stevens said he believes it will be through attrition rather than a reduction in force, or RIF. Stevens added that the average age in the civilian workforce is 49, and 58 percent of employees are retirement eligible.

Civilians are hired to provide continuity and functional expertise to the organization. With the upcoming reduction in the military force, Stevens said he sees civilians playing a larger role in leadership positions.

"(The Army has) not done a good job of training our civilians to be leaders in a government environment," he explained. "Leadership is going to be one of our (areas of focus), and we will start having some leadership opportunities for civilians."

Stevens encouraged civilians to help generate a requirement for additional training and education by completing individual development plans, because those drive the funding for advancement opportunities. In the future, the AMEDD Center and School also will begin offering civilian training through video teleconferences.

"There are some folks who are very happy to be what they are today for the rest of their working career," Stevens said. "That's wonderful because we need those folks, but there are also folks out there who want to grow up to be something else."

In the military, Soldiers are afforded the opportunity for training and advancement, but many civilians aren't automatically considered for promotion, currently don't have career paths and are sometimes forced to relocate to continue their advancement. Stevens said he hopes to close the gaps between the military and civilian careers by offering similar training and lifelong learning opportunities. *(The Mountaineer)*

Soldiers and civilians from the U.S. Army Medical Department Activity – Fort Drum gathered Aug. 22 in the Multipurpose Auditorium on post to receive updates about current and future plans from the organization's top civilian.

Gregg Stevens, who has dedicated roughly 44 years of service to Army medicine, works as the Army Medical Department Center and School deputy to the commanding general and as civilian corps chief at Fort Sam Houston, Texas.

Stevens said Soldiers and civilians work on the same team, and they should know and respect what each brings to the table, especially because civilian employees make up 63 percent of the Army Medical Command.

He then showed the audience the Civilian Corps Creed and explained that it is similar to the Soldiers' Creed – Soldiers and civilians work toward the same mission.

"Friendly fire isn't (friendly). Anybody who's ever been to war will tell you (that)," Stevens said. "As part of the same team, if we're 'firing' at each other, we're wasting energy and opportunity. The chemistry of the team is real important ... and is built around the attitude people have about each other."

While the Army medical system is in place to care for Soldiers and Families, the main reason is to ensure Soldiers keep their skills current to prepare them for deployments, Stevens explained.

"We're putting hands on patients every day in one form or another so we can win the nation's wars," he said. "That's what everybody on this team is involved in on a day-to-day basis."

Stevens said he's proud of his 30 years of Army service as a medical officer, but he's exceptionally proud to say he's an Army civilian.

Currently, the Army is working toward a civilian workforce transformation. Stevens is AMEDD civilians' advocate at the Department of the Army.

About a year ago, only 40 percent of Army civilians belonged to a career program. Career programs have representatives who



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